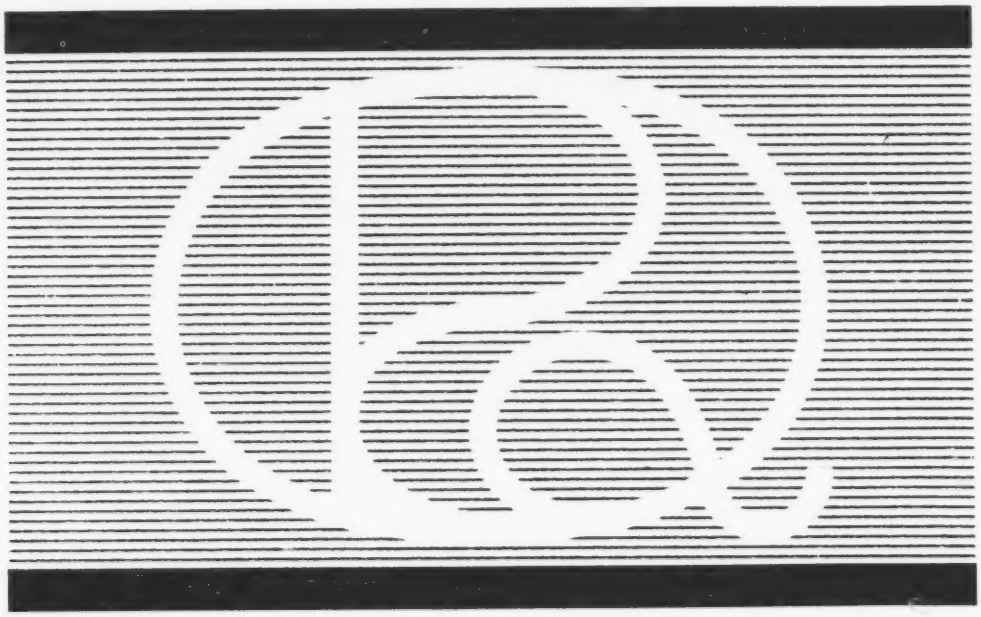
P 56/Ver. 2



PDQ version 2
USER GUIDE

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Public Health Service
National Institutes of Health

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PREFACE

The user friendly version of PDQ was originally intended to provide state-of-the-art cancer treatment information to practicing physicians via their dial up terminals or personal computers. This remains the primary intent of PDQ and, since most of the intended users are not experts in database searching techniques, PDQ continues to use a menu based approach.

During the first year of use, it became apparent that PDQ was also being used by many medical librarians and other database searching professionals. These persons found the menu approach to retrieval to be cumbersome and slow. In order to accommodate these users, a number of shortcuts and some new options appear in Version 2 of user friendly PDQ. It is now possible, for example, to stack commands for many succesive menus, bypassing the display of the menu screens. Multiple entries may be selected from most menus and a keyword search option has been included for the protocol title field. We encourage expert searchers to take the time to look through this manual and make note of the features that can make Version 2 of PDQ more efficient for their use.

We actively solicit your comments and suggestions on how to improve PDQ. Our intention is to enhance PDQ to better serve both the occasional or novice user and the expert searcher, and we would like to say "thanks" in advance for your help. In addition, we would like to thank all the physicians, search professionals, and especially the NCI Cancer Information Service personnel, for past help and suggestions. This has allowed us to improve PDQ and has provided the basis for the new features in Version 2.

Conventions used in this manual

Thoughout this manual, you will see different typefaces representing different types of information. All computer-generated displays (i.e., samples of what actually appears on your terminal screen) will appear as follows:

```
PLEASE ENTER YOUR USER ID/LOGIN:
```

For the main menus of PDQ (which do not change), lines will be drawn above and beneath the display. For sample searches which show data that would be different for each search, there will be no lines.

Wherever user input appears, it is shown in **boldface** type:

```
PLEASE ENTER YOUR USER ID/LOGIN: LOGON ABC25/XYZ (CR)
```

Here, you would type **LOGON ABC25/XYZ** and then press the Carriage Return (CR) key, also labelled ENTER or RETURN on some keyboards.

Special notes which highlight important details of the system are shown in italics.

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WHAT IS PDQ?

PDQ (Physician Data Query) is an online database that has been designed by the National Cancer Institute to assist physicians in the treatment of cancer patients. PDQ provides physicians with monthly updated information on advances in cancer treatment and it identifies clinical trials for treatment of specific types of cancer.

A series of menus provides access to:

-a **cancer information file** which provides state-of-the-art treatment information on the major tumor types.

-a **directory of physicians** file which lists names, addresses and telephone numbers of approximately 10,000 physicians who devote a major portion of their clinical practice to the treatment of cancer patients.

-a **directory of organizations** file which contains the names, addresses and telephone numbers of approximately 2,000 health-care organizations and institutions that provide care to cancer patients.

-a **protocol file** which contains summaries of over 1,000 currently active clinical trials for the treatment of various types of cancer.

Cancer Information File

Included in the detailed summary for each cancer is current information on prognosis, relevant staging, cellular classification, and state-of-the- art treatment options. The treatment options include the latest treatment advances by type and/or stage of the disease. References to citations in the medical literature follow the treatment guidelines. An editorial board composed of 70 cancer experts maintains the currency and accuracy of the medical information. This includes the core editorial group of 21 physicians that meets monthly to modify the cancer information file based on review recent developments in cancer treatment. Additional recommendations for changes and additions to the database are submitted for review by a board of associate editors, comprised of 49 specialists representing all aspects of cancer treatment. This file was originally developed with the aid of more than 400 cancer specialists from throughout the United States and in Canada.

Physician File

The physician file contains the names, addresses, telephone numbers, medical specialties, and affiliations of approximately 10,000 physicians who devote a major portion of their clinical practice to the treatment of cancer patients. The names of the physicians included in the PDQ directory are compiled from the membership directories of the following societies:

American College of Chemosurgeons
American College of Surgeons*
American Radium Society

American Society of Clinical Oncology
American Society of Colon and Rectal Surgeons
American Society for Head and Neck Surgery
American Society of Hematology
American Society of Pediatric Hematology/Oncology
American Society of Therapeutic Radiology
American Urologic Association*
Association of Community Cancer Centers
Society of Gynecologic Oncologists
Society of Head and Neck Surgeons
Society of Pelvic Surgeons
Society of Surgical Oncology
Society of Urologic Oncology

**Members of the ACS and AUA who devote a major portion of their clinical practice to cancer treatment have been invited to submit their names for inclusion in the Directory.*

Clinical investigators whose protocols are either supported by NCI or are voluntarily submitted and included in the Protocol file are automatically included in the Physician file. Also members of more than 20 clinical trials groups are included.

Organization File

This file contains the names, addresses, contact persons, telephone numbers, and affiliations for approximately 2,000 organizations that are affiliated with one or more of the following:

American Association of Cancer Institutes
American Cancer Society or components
Association of Community Cancer Centers
Clinical and Comprehensive Cancer Centers funded by NCI
Clinical Cooperative Groups funded by the NCI and affiliates
Community Clinical Oncology Program (CCOP) grantees
Organizations with hospital cancer programs approved by the American College of Surgeons' Commission on Cancer

Note: Inclusion in the Physician and Organization files does not imply endorsement by the National Cancer Institute.

Protocol File

This file contains detailed information on more than 1,000 active treatment protocols that are approved by NCI. Most trials are directly supported by NCI, but new treatment protocols that are voluntarily submitted by other investigators are also included. The protocol summaries give detailed information on the objectives, patient entry criteria, and the treatment regimen, in addition to the names, addresses and phone numbers of principal investigators in the United States, Canada and other countries.

Protocol File, cont'd

Note: Many protocols are potentially hazardous, are intended only for investigational use by clinical oncologists, and may not prove to be more effective than standard treatment. Additionally, Federal regulations for the protection of human subjects require approval of investigational therapies by your local Institutional Review Board.

Availability

PDQ has been developed and maintained by the National Cancer Institute (NCI) in conjunction with the National Library of Medicine (NLM) since 1982. It is presently available on the National Library of Medicine's MEDLARS system:

Monday - Friday	5:00 am - 9:00 pm (ET)
Saturday	8:30 am - 5:00 pm (ET)

As of January 1, 1986, PDQ will be available on the same schedule as MEDLINE: 24 hours a day, 7 days a week (with the exception of 11:00 - 11:15 PM, ET, Monday - Saturday, when the system will be taken down for scheduled processing). Weekend service will be provided on a non-guaranteed basis from 5:00 PM Saturday to 11:00 PM Sunday ET; should a system failure occur, PDQ will generally not be restarted until 11:00 PM Sunday. When you connect to PDQ at the NLM, you will be using an information retrieval system called INQUIRE[1].

Equipment Needed

You need a computer terminal or personal computer that has a screen-width of at least 80 characters, a keyboard, and a modem that can link your equipment to PDQ through standard telephone lines. For more information, refer to the PDQ Equipment Guidelines available from the PDQ Information Coordinator.

Access Codes

To use PDQ, you must have a personal access code. You may request a PDQ access code from the PDQ Information Coordinator (page 35).

Cost

Access to PDQ at the NLM costs $22/hr, 10 am - 5 pm (ET) and $15/hr at all other times including Saturday. These charges are prorated, (i.e., if you connect to PDQ for only 5 minutes, you will be charged 1/12 of the cost of a connect hour). There is no initial fee or minimum monthly charge.

---

[1]*INQUIRE is a registered trademark of Infodata Systems, Inc.*

News

We suggest you periodically check the news file (option 3 on the PDQ Menu) to keep abreast of enhancements to PDQ and related information on cancer treatments. Notifications of PDQ news updates appear on the MEDLARS Elhill news.

CONNECTING TO PDQ AT THE NLM FROM YOUR TERMINAL

LOGON

To LOGON to PDQ, first you need to be connected to the National Library of Medicine's computer. Connecting to NLM's computer can be done through the Telenet, Tymnet, and Uninet networks, or by dialing the direct phone number for the NLM computer. Please see the list of network logon sequences in Appendix D.

Once you are connected to the National Library of Medicine's computer, you complete the following steps to connect to PDQ:

1. Press the Carriage Return (CR) once.
2. The NLM computer responds:

```
PLEASE ENTER /LOGIN
```

3. You type: **/LOGIN** and press (CR).
4. The system responds with the message:

```
PLEASE ENTER USERID/PASSWORD OR LOGON.
```

5. You enter **LOGON** (CR) over the disguising marks.
6. The system responds with:

```
IKJ56700A ENTER USERID.
```

The ID is your 5-character alphanumeric identification number followed without a space by a slash, your PDQ password and (CR). Use of upper case is not necessary. This must be typed without errors, since you cannot correct them in the logon procedure.

Note: *You must type* **LOGON**, *not LOGIN in step 4. Also, you may LOGON in one step by typing* **LOGON** *followed by a space and your ID/password:*

e.g., **LOGON NCI99/ABCD** (CR)

7. PDQ will respond:

```
   LOGON IN PROGRESS AT (time) ON (month) (day), (year)
   WELCOME TO THE NATIONAL LIBRARY OF MEDICINE'S COMPUTER SYSTEM
   ACCESS ELHILL AND TYPE NEWS FOR ADDITIONAL INFORMATION
PDQUFS   CURRENT USERS: (number)
```

8. PDQ then asks how you would like the system output displayed:

```
HELLO (your ID)
SO THAT PDQ CAN SEND YOU INFORMATION IN THE PROPER WAY, PLEASE
INDICATE HOW YOU WOULD LIKE YOUR OUTPUT DISPLAYED:

      1  Continuously, PDQ sends information without pauses.

      2  One page or unit of information at a time.

      3  Help, explains more about 1 and 2 above.

      ENTER 1,2, or 3 --->
```

Either option can be chosen for any terminal.

Option 1 will provide continuous output of PDQ information with system breaks only after menus, **not** screens. Option 1 is recommended if you have a microcomputer terminal program with a "buffer" which allows you to move forward and backward in the text you have received. An example of this is the Hayes Smartcom (R) program for the IBM PC, which allows you to use the pageup and pagedown keys to redisplay information that has scrolled off the screen. This is generally the faster mode of displaying information.

Option 2 prints one page at a time and allows the user to be more interactive with the system by allowing commands at most one page intervals. In this mode, the system sends a code to clear the terminal screen with each new page. This code may clear the screen of your terminal, or may have no effect. If you have a printer attached to your terminal, it may eject a page in response to the clear screen code. Option 2 is recommended if your terminal program cannot scroll backwards and if it does not cause problems with your printer. This is usually slower than Option 1, but ensures that all information displayed can be read.

9. PDQ will respond:

```
TYPE "START" AND PRESS CR (RETURN KEY)
TO BEGIN
              OR
TYPE "END" AND PRESS CR IF YOU DO NOT WISH TO CONTINUE
```

When you type **START** and (CR) the PDQ Welcome screen will follow. One or more user prompts (>) may follow. Type (CR) at these prompts to continue.
(If you have trouble logging in, consult Appendix C, Troubleshooting in PDQ, or call the PDQ service desk at (301) 496-7403.)

LOGOFF: (ALL USERS, ALL NETWORKS)

To LOGOFF from PDQ, please follow these steps:

1. At any user prompt (>), type **EXIT** or **X** or **STOP** and (CR).
2. The system then asks you to type **END** and (CR).
3. After typing **END** and (CR), the following message is displayed:

```
QUERY SESSION TERMINATED. YOU ARE BEING LOGGED OFF PDQ - IF YOU
ARE AN ELHILL USER AND WOULD LIKE TO LOGON TO ELHILL, ENTER YES
```

4. To exit the system, type NO and (CR) at the prompt (>).
5. You will then receive the following confirmation:

```
LOGGED OFF TSO AT (time) ON  (month) (day), (year).
```

USING PDQ

Menus and Commands

PDQ displays a series of menus that directs you through the system without requiring previous instructions. However, you may choose INSTRUCTIONS (number 2 on the main PDQ menu) to familiarize yourself with the system commands. There are also shortcuts designed for experienced searchers that avoid menu repetition and are discussed throughout this manual.

In general, you may give PDQ a new command whenever you see the prompt symbol (>) appear at the beginning of a new line. If you simply want to continue with the current function, press the "Carriage Return" or "Enter" key, noted throughout this manual by (CR), when the prompt symbol appears. There will be occasions when you receive messages such as "search in progress," "running" or "page requested is beyond end of message." You should continue to press (CR) at each prompt (>). For more information on this subject, see Appendix C, "Troubleshooting in PDQ."

At the end of long displays of information, PDQ will say:

```
*Display complete.  Press CR to continue
```

At these messages, PDQ will not accept a command or menu selection. Press CR to see the next display. *Always follow any command or entry you type by pressing the Enter or Carriage Return key (CR).* Pressing the (CR) key sends your command over the telephone line to the NLM computer where it is processed.

The Main Menu

You will begin your search for information at the main menu, which displays the following options:

```
                              PDQ MENU

The following information is available in the PDQ Retrieval System.

  1  Description                    5  Physicians
  2  Instructions                   6  Organizations
  3  News                           7  Protocols
  4  Cancer Information             8  PDQ Editorial Board

                              9  Exit PDQ

  Note: At any PDQ prompt (>), you  may type EXIT, BACK,
        RESTART, or type HELP to obtain more information.
  * Enter the desired number and press CR ("Return" or "Enter" key).
```

After displaying the menu, PDQ will prompt you to enter the desired number and press (CR).

PDQ User Commands

Often, when a PDQ prompt (>) appears, you may either enter a numbered menu choice to select information, or you may enter a PDQ command to change your location in PDQ, obtain help related to your current location, or display your retrieval.

RETURN or **RET**	Typing the word RETURN or RET and a (CR) will return you to the principal menu relating to the file you are currently using. For example, if you are looking at a particular organization's name and address, the RETURN command will return you to the principal Organization menu.
BACK	Typing BACK and (CR) will "back-up" to the previous menu displayed. In some cases, BACK and RETURN will have the same effect.
RESTART or **R**	Typing RESTART or R and (CR) will return you to the main PDQ menu.

EXIT or **X** or **STOP**	Typing EXIT or X or STOP and (CR) will interrupt the current session and cause you to LOGOFF of PDQ.
HELP or **?**	Help is available at most menu options thoughout PDQ by typing the word at the prompt: e.g., > **help** (CR).
PRINT (format) or **PRT (format)** or **(format)**	The PRINT with format command (e.g., **PRINT LONG** or **PRINT SHORT**) may be issued at any of the retrieval menus instead of choosing the "Print Option" selection from that menu. This eliminates the need to choose from the menu of print choices for that file. *Note: The format, e.g.,* **BROWSE, SHORT, LONG** *may be typed without the command* **PRINT** or **PRT** *in front of it.* For more information, see instructions for each file.
NARROW	This command was developed for use only in the Protocol File. If you have previously selected protocols by diagnosis, typing NARROW at a selection option displays diagnoses that are narrower in scope than those previously listed. For example, if you selected protocols using the major diagnosis heading of "Breast Cancer," the NARROW command would allow you to narrow your selection to the individual stages (e.g., Stage II) of breast cancer.
BROADER	This command was developed for use only in the Protocol File. If you have previously selected protocols by diagnosis, typing BROADER at a selection option displays diagnoses that are broader in scope, the opposite of the NARROW command.
CANCER INFORMATION or **CANCER** or **CAN**	Typing CANCER or CAN or CANCER INFORMATION and (CR)will move you directly to Cancer Information diagnosis selection.
PHYSICIAN or **PHY**	Typing PHYSICIAN or PHY and (CR) will move you directly to the Physician Retrieval Menu.
ORGANIZATION or **ORG**	Typing ORGANIZATION or ORG and (CR) will move you directly to the Organization Retrieval Menu.
PROTOCOL or **PROT**	Typing PROTOCOL or PROT and (CR) will move you directly to the Protocol Retrieval Menu.

Retained Search Strategies

Using the above four commands allows you to save your previous location in PDQ, and therefore *retain your search strategy.* For example, if you wished to exit the Protocol file and enter the Organization File, you could type ORG. If you wished to re-enter the Protocol file you could type PROT, and this would return you to your former location in the Protocol File. *Please note that when a RESTART command is used, all retained search strategies are lost.*

Searches performed in the Cancer Information File, unlike the other three files, are not retained for the length of the session. One can carry over the diagnosis selected in the Cancer Information File to the Protocol File via the continuation option (number 9) in the Cancer Information Menu.

Command Stacking (;)

Command stacking allows the user to bypass menus in PDQ by "stacking" or selecting choices from consecutive menus/prompts at a single user prompt. The command stacking option requires a semicolon (;) to separate each choice. This option is discussed in more detail for each of the files.

Multiple entries (,)

More than one choice or entry may be input at a single user prompt as a search selection. These selections include numbered items from menus or names such as cities and states. All multiple entries must be separated by commas (,). The number of entries which you can select is limited by line length, since there is no line continuation feature.

Errors

If you make a spelling error, you may make corrections by using the back space key on your keyboard, or by pressing CONTROL-H (i.e., press the Control key, and while holding it down, press the H key). Then re-type any characters you have backed over. Other keys may also work with your equipment. Corrections to spelling errors can be made at anytime, except during logon with your user ID and password.

Unlike Elhill, INQUIRE will **not** allow an interrupt by pressing the **BREAK** or **ATTN** key. Pressing the BREAK or ATTN key will disconnect you from the system.

Truncation (:)

In most cases, when PDQ asks you to type in a name (of a diagnosis, a person, an organization, a drug, or a city, state or zip code) you may search on the word root by using a colon (:) at the desired point of truncation. For example, a city must be truncated if the exact spelling is not known:

> **Albu:** (for the city of Albuquerque)

The truncation symbol (colon) is not required in the following cases: 1) when searching by diagnosis in the Cancer Information File or the Protocol File, or 2) when searching by drug name in the Protocol File.

Printing and the Browse Mode

In the Cancer Information File, selections from portions of the Cancer Information Menu, will automatically be displayed in their entirety. Printing is handled differently in the Physician, Organization, and Protocol Files, because most searches retrieve multiple "hits."

Users may BROWSE through their retrieval from the Physician, Organization, and Protocol files one screen at a time. Basic information is displayed for each record (e.g., protocol titles and ID numbers in the Protocol File) along with a reference number. During browsing, selected records may be chosen for subsequent, printing in greater detail.

Users may select the item(s), if any, that they wish to display in an expanded format by entering the reference number(s) at the user prompt, e.g., >1. If multiple items are desired, the choices must be separated by commas, e.g.,

> 1,3,4

After all of the items have been reviewed, a print format selection menu will be displayed. One may choose to print the item(s) selected from the browse display in one of the expanded formats: SHORT, MEDIUM, or LONG.

Printing in an expanded format is automatically deferred until all items have been reviewed. One may override this default, however, and print immediately without browsing the entire retrieval. This is done by "stacking" the print command and the desired format after the selected item number(s) at the user prompt. For example:

> 1,3,4;print long;return

(stacked commands are separated with semicolons)

You may use the stacked RETURN command to exit the browse mode and return to the retrieval menu after printing.

Print Limits

PDQ limits the number of entries you can display at one time. These limits are based on the total size of all records, and therefore, long print formats have lower limits. Please see the print options tables for the Physician, Organization and Protocol Files.

SEARCHING THE CANCER INFORMATION FILE

The Cancer Information file consists of capsule summaries and state-of-the-art information for more than 80 tumor types. For a more complete description of the content of this file, please see "What is PDQ?"

When you select option 4 (Cancer Information) from the main menu, another menu is displayed which permits you to select cancer treatment information in any of the following ways:

```
                    PDQ information system

1  By body system/site
2  By histologic tissue/type
3  Childhood cancers

*Enter the desired number or type in any diagnosis
   and press (CR).
```

At this point, you may choose one of the three numbered options, type the word **LIST** to display a list of clinical diagnoses, **or** you may type in a diagnosis at the prompt (>). If you do the latter, all related diagnoses beginning with what you have entered are then displayed on the terminal, four at a time. For example, entering a broad term such as "sarcoma" would generate a display such as that shown here:

```
"SARCOMA" retrieved 12 diagnoses

Reference          Cancer Term
Number

   1   Cancer Term:  ADULT SOFT TISSUE SARCOMA

   2   Cancer Term:  EWING'S SARCOMA

   3   Cancer Term:  KAPOSI'S SARCOMA

   4   Cancer Term:  MALIGNANT MESOTHELIOMA

* Above is a partial display.  Enter desired number
   and press CR, or just press CR to see more.
```

Note: You could also have entered **sarc:** or **sarc**.

For searching convenience, many commonly used acronyms are listed as well as the complete name, e.g., AML or ACUTE MYELOGENOUS LEUKEMIA.

Follow these rules for term searching in any of PDQ's files:

1. Do **not** skip a space before or after a hyphen.
2. **Do** skip a space after using a comma within the name of a term. (e.g. HAIRY CELL LEUKEMIA, UNTREATED)
3. Do **not** skip a space before or after using an apostrophe within the name of a term. *Exception: PH' NEGATIVE (or positive) CHRONIC MYELOGENOUS LEUKEMIA, and WILMS' TUMOR.*

BODY SYSTEMS and SITES

From the PDQ information system menu, the selection of option number 1 (By body systems/site) produces the detailed menu:

Cancer information by body system/site

1	Acquired immune deficiency syndrome (AIDS)		
2	Skin	9	Hematological
3	Eye	10	Endocrine
4	Head and neck	11	Male reproductive
5	Thorax/respiratory	12	Female reproductive
6	Digestive/gastrointestinal	13	Breast
7	Kidney/urinary	14	Neurological
8	Musculoskeletal		

Note: This online menu is actually <u>one</u> column in PDQ.

If, for example, you were to select number 7 (kidney/urinary), you would retrieve the following menu:

Kidney/urinary cancer

1 Bladder
2 Kidney

*Enter desired number or type in any diagnosis and press (CR)

A choice of option number 1 (bladder) retrieves the following menu:

```
                    CANCER INFORMATION MENU

BLADDER CANCER

Capsule Summary                    State-of-the-Art Information

                                   4 Prognosis
1 Prognostic statement             5 Cellular Classification
2 Stage Explanations               6 Stage Information
3 General Treatment Options        7 Treatment by cell Type/Stage

                  8 Display all information
                  9 Continuation options to select physicians,
                        organizations or protocols

*Enter desired number and press (CR)
```

Cancer Information Menus, exactly like the one above, are available for each of the major cancer diagnoses listed in PDQ. Selecting options 1, 2 or 3 under the Capsule Summary section would display brief statements on bladder cancer and its treatment options, suitable for sharing with a patient. Selecting numbers 4 through 7 displays statements which are more detailed and technical. This state-of-the-art information refers users to key citations in the medical literature and, when appropriate, to research protocols. Options 3 and 7 each display a menu of relevant stages and the user may select one or more.

Selection of option number 8 (Display all information), produces the following print options:

```
                PRINT OPTIONS FOR CANCER INFORMATION

BLADDER CANCER

1 Display all Capsule Summary Information (1-3)
2 Display all State-of-the-Art Information (4-7)
3 Display all Capsule Summary and State-of-the-Art Information (1-7)
4 Return to the Cancer Information Menu

*Enter desired number and press CR
```

If you select option number 9 (Continuation) from the Cancer Information menu, the diagnosis and stage will be carried forward for use in protocol

retrieval (number 3). Physicians and organizations will retrieve the general menus, not specifically related to the selected diagnosis.

```
                    CONTINUATION OPTIONS

BLADDER CANCER

The following options are available for continuing your search.
Your cancer diagnosis will be used automatically if you
choose option 3 for protocol retrieval.

      1  Physicians
      2  Organizations
      3  Protocols

* Enter desired number and press (CR)
```

Command Stacking

PDQ allows you to bypass many menu displays during your search. In the previous example, the choice of bladder cancer typed immediately after choosing option number 4 (cancer information) from the main menu would have bypassed two menus (Cancer information by body system/site and Kidney/urinary cancers). Another option would have been to stack the commands, each separated by a semicolon:

```
> 4;1;7;1
```

In other words, 4 to designate cancer information from the main menu, 1 to designate body system/site, 7 from the body system/site menu and 1 from the kidney/urinary menu. Also select options could be added to choose items from the Cancer Information Menu on bladder cancer.

PDQ displays the stages for which treatment information, options 3 and 7 (Treatment by cell type/stage) is available, relevant to the disease selected. You may obtain treatment information for one or more stages by entering the desired numbers and depressing (CR). If you enter more than one number, separate them each by commas. For example, to choose treatment information for both stage A and stage B1 bladder cancer:

```
1  Stage 0 Bladder cancer
2  Stage A Bladder cancer
3  Stage B1 Bladder cancer
4  Stage B2 Bladder cancer
5  Stage C Bladder cancer
6  Stage D1 Bladder cancer
7  Stage D2 Bladder cancer
8  Recurrent Bladder cancer
*Enter desired number and press (CR)

> 2,3
```

SEARCHING THE PHYSICIAN FILE

Information on physicians who spend a major portion of their time treating cancer patients, may be obtained from PDQ by selecting option number 5 from the Main PDQ Menu, as well as through the continuation option (number 9) on the Cancer Information menu. Also, typing PHY or PHYSICIAN at any user prompt will transfer you to the Physician Menu. When you select physicians, the following menu is displayed:

```
PDQ PHYSICIAN RETRIEVAL

You may select physicians by:

1 Physician name
2 Medical specialty
3 State
4 City
5 Zip code
6 Non US country

*Enter desired number and press (CR)
```

You may choose any retrieval option. Subsequent choices will continue to narrow the set of retrieved physicians.

Physician name

The names of physicians (option 1) may be searched using the format of last name first followed by first and middle initials, (e.g., SMITH JC). If you are uncertain as to the initials, include only the first initial, or only the last name with the truncation symbol, a colon (:), (e.g., SMITH J: or SMITH:). You may truncate the last name at a stem of two or more characters, (e.g., SMIT:, using a colon to find all last names beginning with that stem). You may search for more than one name at a time. If so, separate multiple names by commas (,). This instructs the system to search for any of the names you have typed, (e.g., SMIT:, SMYT:).

```
PDQ PHYSICIAN RETRIEVAL

45 Physician(s) retrieved
NAME = SMIT:,SMYT:

You may narrow set of physicians by:

1 Physician name
2 Medical specialty
3 State
4 City
5 Zip code
6 Non US country - or you may

7 Erase existing selection criteria
8 Go to print option menu

*Enter desired number and press CR
```

The format for the last names of physicians depends on their personal preferences, e.g., DE VRIES or DEVITA. There is no need to capitalize any letters in the name. Capitalization is unnecessary in any PDQ search.

Medical Specialty

If you choose option number 2 (medical specialty), PDQ will display the following menu:

```
PHYSICIAN SELECTION BY MEDICAL SPECIALTY

Medical specialties are:

1 Gynecologic oncology
2 Hematology
3 Medical oncology
4 Pediatric hematology/oncology
5 Radiation oncology
6 Surgical oncology

*Enter desired number and press CR.
```

Type in the appropriate number for the medical specialty at the prompt (>). To select more than one, type in the appropriate numbers, separating each by a comma.

State

If you choose option number 3 (state), you are asked to enter the 2-character postal code for each desired state. If unknown, depress CR to display a menu of these states and their postal codes. You may enter multiple postal codes separating them by commas, e.g., MD,VA,DC.

City

If you choose option number 4 (city), you are asked to enter the full name of the city or truncate to a partial name with a colon suffix. For example, SAN: retrieves SAN ANTONIO, SAN DIEGO, SANTA FE, etc. When entering multiple city names, separate each by a comma.

Cities that contain the name Saint (St.) generally have the name completely spelled out, e.g. Saint Louis or Saint Paul. Exceptions are St. Thomas and St. Petersburg. Military bases are listed such as Carswell Air Force Base. Do not skip spaces between hyphenated names like Winston-Salem.

Zip code

If you choose option 5 (zip code), enter the full zip code or partial zip code with a colon suffix. When entering multiple zip codes, separate them by commas. PDQ contains a small number of nine digit zip codes. Some foreign countries have zip codes that may contain a blank.

Non US country

If you choose option 6 (non US country) enter the full name of the country or partial name with a colon suffix. When entering multiple country names, separate them by commas.

Searching Hints

Remember, you may narrow a physician search by choosing more than one option and thus create consecutively narrower subsets. For example, a search for a physician in Chicago may result in over 200 physicians retrieved. This is too large a set to conveniently display or browse. Searching for a medical specialty for the Chicago physicians would reduce the number. You could even narrow the retrieval further by using a truncated zip code.

To increase the speed and efficiency of searching, choose the most narrow subset first rather than the most broad. For example, if you wish to find all medical oncologists in Baltimore, first enter search option number 4 (city) for Baltimore, then enter option 2 (medical specialty) and pick number 3 (medical oncology). The reason for this is efficiency. Retrieving all physicians in Baltimore will retrieve a much smaller number than the number of medical oncologists in PDQ.

To avoid the repetition of menus, and to increase your speed of searching, you may stack multiple selections by separating each by a semicolon. For example, a search for medical oncologists in Baltimore could be searched in the following manner:

> 4;Baltimore;2;3

4 is the city selection option; **Baltimore** is the city; **2** is the medical specialty menu; and **3** is "medical oncology" from the medical specialty menu.

Please note the difference between separate commands stacked with semi-colons and multiple cities or states separated by commas.

If you wish to select a new search criterion from one of the six physician options on the menu, you do not have to choose option number 7 which erases **all** existing search criteria. You may "loop" back through the physician retrieval menu changing only one search criterion, while the others will remain "active." For example, if you had previously chosen surgical oncologists in New York and now wished to retrieve gynecological oncologists in New York, you may choose option number 2 (medical specialty). Gynecologic oncology would then replace the previous choice of surgical oncology, and all other search criteria would remain the same.

Printing in the Physician File

When you are ready to print or display your retrieval, choose option number 8 (Go to Print Option Menu).

```
                    PHYSICIAN DISPLAY OPTIONS

1 BROWSE through physician names with option to select
      one or more for display.
2 SHORT  format to display all physicians in short format.
3 MEDium format to display all physicians in medium format.
4 LONG   format to display all physicians in long format.
5 Return to physician menu.
```

While in the Browse mode at the prompt (>), you can enter reference numbers for each physician for whom you wish to see more information.

```
*Enter desired number and press CR.

> 1        (puts you in Browse mode)
```

```
14 Physicians being sorted...

Reference
Number    Physician information

1    Ayala AG                    Houston              TX
       713-792-3151

2    Cangir A                    Houston              TX
       713-792-6629

3    Culbert SJ                  Houston              TX
       713-792-6620

4    Frankel LS                  Houston              TX
       713-792-6620

5    Harberg JF                  Houston              TX
       713-795-4955

6    Hoots WK                    Houston              TX
       713-792-6613

*Enter desired number and press CR.
```

> 3,4,6

By typing 3,4,6 at the prompt, these reference numbers will be saved so that you can then print them in any desired format after all reference numbers have been reviewed. If you wish to interrupt browsing, you can issue a print command at any prompt, e.g.,

> 3,4,6;print short

The print options produce the following information:

Data Elements	BROWSE	SHORT	MED	LONG
NAME	X	X	X	X
ADDRESS	only CITY & STATE	X	X	X
PHONE	X	X	X	X
MEDICAL SPECIALTY		X	X	X
PROFESSIONAL AFFILIATION			X	X
PROTOCOL TITLES and ID's (when the physician is the protocol chairman or participating investigator)				X
Print limits (number of records)	100	100	100	50

The following is an example of what a **print long** format would look like for a physician who is a participating investigator or protocol chairman:

> prt long

```
Norman Jaffe
University of Texas System Cancer Center
M.D. Anderson Hospital and Tumor Institute
Pediatric Oncology
6723 Bertner Avenue
Houston, TX  77030
713-792-6626
Pediatric hematology/oncology
AFFILIATION(S):
       M.D. Anderson Hospital and Tumor Institute
       (other affiliations will be listed)
PROTOCOL(S):
       NCI-D82-043-151
       Phase I CACP vs VCR/HD-MTX/CF (plus Surgery) and Phase II CACP .......
```

Most physicians in PDQ will not be a protocol chairman or participating investigator and therefore will show no protocol association. Some physicians will be principal investigators on many protocols and the display will be very long.

SEARCHING THE ORGANIZATION FILE

Information on organizations providing cancer care and treatment may be obtained in PDQ by selecting option 6 on the Main Menu, through the continuation option on the Cancer Information Menu, or by typing ORG at any user prompt. When you select option number 6 on the main PDQ menu, PDQ will display the following:

```
                    PDQ ORGANIZATION RETRIEVAL

You may select organizations by:

1 Organization name
2 State
3 City
4 Zip code
5 Non US country

*Enter desired number and press (CR)
```

You may choose any retrieval option. Subsequent choices will continue to narrow the set of retrieved organizations.

Organization name

If you choose option number 1 (organization name), you may enter one or more organization names separated by commas. You may choose to abbreviate or truncate organization names by use of the colon, e.g., Memorial Sloan: will retrieve Memorial Sloan-Kettering Cancer Center. Organizations usually use the abbreviation St. for the name Saint.

State

If you choose option number 2 (state), you must enter the 2-character postal code for each desired state. You may choose multiple states by separating each postal code by a comma, e.g., NJ,NY,CT. If the postal code is not known, you may simply depress the CR key at this point to display a menu of states and postal codes.

City

If you choose option number 3 (city), you must enter the full name of the city or truncate the name with a colon suffix. You may choose more than one city, separating multiple names with commas.

Cities that contain the name Saint (St.) generally have the name completely spelled out, e.g. Saint Louis or Saint Paul. Exceptions are St. Thomas and St. Petersburg. Military bases are listed, such as Carswell Air Force Base. Do **not** skip spaces between hyphenated names like Winston-Salem.

Zip code

If you choose option number 4 (Zip code), enter the full zip code or partial zip code with a colon suffix. Multiple zip codes may be separated by commas. PDQ contains a small number of nine digit zip codes. Some foreign countries have zip codes that may contain a blank.

Non US country

If you choose option number 5 (Non US country), enter the full name of the country or partial name with a colon suffix. When entering multiple country names, separate them by commas.

Searching hints

Remember, you may narrow an organization search by choosing more than one option and thus create consecutively narrower subsets. For more information, see searching hints for the Physician File.

Printing in the organization file

When you are ready to print your retrieval, choose option number 7 (Go to Print Option Menu).

```
                ORGANIZATION DISPLAY OPTIONS

1 BROWSE through organization names with option to select
          one or more for display.
2 SHORT  format to display all organizations in short format.
3 MEDium format to display all organizations in medium format.
4 LONG   format to display all organizations in long format.
5 Return to organization menu.
```

Option number 1 (BROWSE) displays a list of organization names with city, state and a reference number. While in the Browse mode at the prompt (>), you can enter reference numbers for each organization about which you wish to see more information.

For example:

```
*Enter desired number and press CR.
  > 1

      8 Organizations being sorted...

      Reference
      Number      Organization information

          1    Cancer Therapy Evaluation Program
                  Bethesda              MD

          2    District of Columbia Division, Inc.
                  Washington            DC

          3    Georgetown University Hospital
                  Washington            DC

          4    Greater Southeast Community Hospital
                  Washington            DC

          5    Howard University Cancer Research Center
                  Washington            DC

          6    Howard University Hospital
                  Washington            DC

       *Enter desired number and press CR.

    > 1,3
```

By typing 1,3 at the prompt (>), these reference numbers will be saved and you can then print them in any format after all reference numbers have been reviewed. If you wish to interrupt browsing and print immediately, you can issue a print command at each prompt, e.g.,

> 1,3; prt short

Reminder

You may bypass the organization print menu, (also physician and protocol menus), from the organization selection menu by typing print or prt and the desired format, e.g., PRT BROWSE, or PRT SHORT, or PRT MED, or PRT LONG.

The print options produce the following information:

Data Elements	BROWSE	SHORT	MED	LONG
NAME	X	X	X	X
ADDRESS			X	X
CITY	X	X	X	X
STATE	X	X	X	X
PHONE		X	X	X
CONTACT PERSON		X	X	X
AFFILIATIONS			X	X
PROTOCOL TITLES and ID's				X
Print limits (number of records)	100	100	100	50

Print long displays all information associated with an organization record. (Note: Some organizations will be associated with many protocols and the display will be quite long.) For example:

```
Fred Hutchinson Cancer Research Center
Robert W. Day, M.D.
206-467-4302, 206-292-7545
1124 Columbia Street
Seattle, WA  98104

AFFILIATION(S):
    Association of American Cancer Institutes
    Lung Cancer Study Group
PROTOCOL(S):
    LCSG-801
    Phase III Combination Chemotherapy with CAP (CTX/ADR/CACP) ........
```

(This organization is associated with many protocols, and the full display is actually much longer in PDQ.)

SEARCHING THE PROTOCOL FILE

Information on active cancer treatment protocols can be obtained by selecting option number 7 on the Main PDQ Menu, by choosing continuation option (number 9) on the Cancer Information Menu, or by typing PROT or PROTOCOL at any user prompt (>).

Following any of these entries, PDQ will display the following menu:

```
                    PDQ PROTOCOL RETRIEVAL

You may select protocols by:

1 ID number
2 Cancer diagnosis
3 Word search in protocol title
4 Phase of protocol
5 Treatment modality
6 Drug name
7 State

*Enter desired number and press CR.
```

You may choose any retrieval option. Subsequent choices will continue to narrow the set of retrieved protocols.

ID number

If you choose option number 1 (ID number), you may enter a single ID such as SWOG-12345 or multiple ID numbers, separating them by commas. You can do a root search by truncating the ID portion with a colon, e.g., SWOG: will retrieve all Southwest Oncology Group protocols in PDQ. The format (spacing and hyphens) of the ID number must exactly match the way it appears in PDQ. If you do not retrieve a known, active, approved protocol, either truncate the ID number or alter the format (spacing and hyphens). For a list of all protocol source ID acronyms, please see Appendix A.

Cancer diagnosis

If you choose option number 2, you are asked to enter a **single** cancer diagnosis with stage, if desired. As in the cancer treatment file, a broad term will retrieve multiple diagnoses. A choice of breast cancer will retrieve 10 diagnoses. A choice of stage in your search term may narrow your search to a single diagnosis.

PDQ displays all cancer names that begin with your entry and you may select any one of them. Sample formats for different cancer diagnosis entries include:

ADULT PRIMARY LIVER CANCER
STAGE II BREAST CANCER
FOLLICULAR LARGE CELL LYMPHOMA
DUKES C COLON CANCER

If you are unsure of the spelling or of how a diagnosis is entered in PDQ, enter only the first 5 or 6 characters, for example:

MEDULL
LEIOMYO
LARYN

Note that truncation with a colon (:) is not required for cancer diagnosis.

Hint

Avoid general search statements such as "Adenocarcinoma" or "Adult" as they retrieve too many diagnosis names.

Once you have selected a diagnosis and retrieved a set of protocols, you may type "NARROW" or "BROADER" rather than a search option number. PDQ will display terms that are narrower or broader than the diagnosis previously selected. If you select one of the displayed terms, it becomes the new diagnosis. For example, a choice of hairy cell leukemia retrieves 3 diagnoses:

Reference Number		Cancer Term
1	Cancer Term:	HAIRY CELL LEUKEMIA
2	Cancer Term:	UNTREATED HAIRY CELL LEUKEMIA
	Synonym:	HAIRY CELL LEUKEMIA, UNTREATED
3	Cancer Term:	PROGRESSIVE HAIRY CELL LEUKEMIA, POST-SPLENECTOMY
	Synonym:	HAIRY CELL LEUKEMIA, PROGRESSIVE POST-SPLENECTOMY

If you choose "hairy cell leukemia, untreated" and find that there are few protocols, you may wish to choose the broader term "hairy cell leukemia." You can then type **BROADER** at the PDQ Protocol Retrieval Menu and then select "hairy cell leukemia."

Word search in protocol title

Option number 3 allows you to search by substantive text words from the protocol titles. You may search for several words using the boolean operators (AND, OR or AND NOT). **Unlike** the Elhill search retrieval language on MEDLARS, terms separated by the OR operator are searched before the AND operator.

e.g., **INTERFERON AND MELANOMA AND METASTATIC OR DISSEMINATED**

The above example will search for protocols for metastatic or disseminated melanoma that use interferon for treatment. Metastatic or disseminated are OR'ed first and then AND'ed with interferon and melanoma.

Parentheses surrounding terms cause these terms to be searched first. If you want terms adjacent to the boolean AND to be searched first, use parentheses.

e.g., **RADIATION OR RADIOTHERAPY OR (ADJUVANT AND CHEMOTHERAPY)**

The above example will search for protocols whose titles include the words radiation, radiotherapy or adjuvant chemotherapy. Also in the above example, we could have truncated a root word with the use of a colon, e.g. **RADI:** would retrieve the terms radiation and radiotherapy.

e.g., **CONTINUOUS AND INFUSION AND NOT 5-FU**

In the above example, both continuous and infusion must be present in the protocol title, and the word 5-fu must be absent for retrieval to occur.

Note: Textword searching is strongly recommended for experienced searchers only as searchers may fail to retrieve some relevant protocols and may retrieve some irrelevant protocols ("false hits"), due to their choice of terms or logical operators. Searchers may also miss relevant protocols if their search terms are incomplete.

Phase of protocol

A choice of option number 4, allows you to choose protocols by phase with the following menu:

```
PROTOCOL SELECTION BY PHASE

Protocol phases are:

1 Adjuvant studies
2 Ancillary studies
3 Phase III
4 Phase II
5 Phase I
6 Master protocol
7 Pilot studies
```

For a list of protocol phase definitions, see **Appendix B** or at the prompt (>), choose the help screen online.

Protocol phase searching is accomplished by selecting the appropriate number from the phase menu. To select more than one phase, type in the appropriate numbers, separating them by commas, e.g., **> 3,4** will retrieve phase II and/or phase III protocols.

If the protocol phase option is not used, protocols are printed in this order: Adjuvant studies and phase III protocols first, followed by phase II and phase I. In general, you will retrieve more phase I protocols than any other protocol phases because they are applicable to many cancer diagnoses. For most disease-specific protocols (rather than those which accept patients with any type of cancer), you will generally want to limit your search to phase III and phase II studies.

Treatment modality

If you choose option number 5, PDQ will display the following menu:

```
PROTOCOL SELECTION BY TREATMENT MODALITY

Modalities are:

1 Antibody therapy
2 Bone marrow transplantation
3 Chemotherapy
4 Endocrine/hormone therapy
5 Hyperthermia
6 Immunotherapy
7 Radiation therapy
8 Supportive therapy
9 Surgery
```

Treatment modality searching is accomplished by selecting the appropriate number from the modality menu. Multiple modalities may be selected using the AND, OR, or AND NOT boolean search operators. In PDQ, unlike Elhill, boolean ORs are executed before boolean ANDs. The following are examples of valid searches:

1	retrieves all protocols that use antibody therapy
3 AND 7	retrieves all protocols that use BOTH chemotherapy and radiation therapy
3 NOT 7	retrieves all protocols that use chemotherapy but do not use radiotherapy.
NOT 3	retrieves all protocols except those that use chemotherapy.
1,6,8	retrieves all protocols that use antibody therapy OR immunotherapy OR supportive therapy.
1 AND 5,6	retrieves any protocol that uses antibody therapy AND either hyperthermia OR immunotherapy.

Note: The **AND NOT** *operator may be shortened to* **NOT**. *Also, a comma may be used in place of the boolean* **OR**.

Drug name

Choosing option 6 allows you to select protocols by the name of a drug used for treatment. You may use a full name or an abbreviation, but only **one**

drug may be entered at a time. It is not necessary to enter multiple drug names because PDQ will display this drug as it is used in combination with others and you may select the combination you want. For example:

```
*Enter drug name, 2 character minimum
> mtx

Search in progress...
MTX retrieved 4 drugs

Reference
Number                          Drug Name

1  Drug:                        CMFVP
     Synonym:                    CTX/5-FU/PRED/MTX/VCR

2  Drug:                        METHOTREXATE
     Synonym:                    MTX

3  Drug:                        PROMACE-CYTABOM
     Synonym:                    CTX/ARD/VP-16/PRED/ARA-C/BLEO/VCR/MTX PLUS CF

4  Drug:                        TRIMETREXATE
     Synonym:                    TMTX

*Everything has been displayed, enter desired number
  and press CR.
> 2
```

In the example above, mtx, the abbreviation for methotrexate, retrieved 4 references: methotrexate in combination with other drugs (refs. 1 and 3) and methotrexate used either alone or in any combination (reference 2). Reference 2 is the choice here. Reference 4 was retrieved because of the string of mtx in tmtx, a "false hit".

PDQ will now retrieve all protocols using mtx in conjunction with other user selection criteria.

State

If you choose option number 7 (state selection), you are asked to enter the 2-character postal code for each desired state. Pressing (CR) will display a menu of all states with their corresponding postal codes. You may enter multiple postal codes by separating each by a comma, e.g., MD,VA,DC .

This option retrieves all protocols in which there are principal investigators in any of the state(s) selected.

Erase existing selection criteria

Option number 8 on the protocol menu, is displayed only when there is an existing retrieval set. This option allows you to erase **all** existing search criteria in the protocol file. If you want to change only **one** search criterion, you should type in a new entry for that search criterion that will replace the old one. For example, a search for phase III breast cancer protocols using chemotherapy can be changed to phase III breast cancer protocols using radiation therapy by selecting the treatment modality option again and choosing radiation therapy (number 7) from the modality menu.
This option, **Erase existing selection criteria**, can be used in a similar manner for both the Physician and Organization Files.

Searching hints

Remember that you may narrow your search retrieval by choosing additional options. You may choose up to 7 subsets in the protocol menu. For example, the following search retrieves all SWOG phase III protocols for breast cancer with postoperative in the title, and which use both chemotherapy and radiation therapy, including the drug methotrexate. The principal investigators are located in either New York, California, the District of Columbia, or Maryland.

```
                PDQ PROTOCOL RETRIEVAL

2 protocol (s) retrieved
ID NUMBER = SWOG:
DIAGNOSIS = BREAST CANCER
KEYWORD (S) = POSTOPERATIVE
PHASE = Phase III
MODALITY = CHEMOTHERAPY AND RADIATION
DRUG = METHOTREXATE
STATE = NY,CA,DC,MD

You may narrow set of protocols by:

    1 ID number
    2 Cancer diagnosis
    3 Keyword search in protocol title
    4 Phase of protocol
    5 Treatment modality
    6 Drug name
    7 State - or you may
    8 Erase existing selection criteria
    9 Go to Print Option Menu

*Enter desired number and press CR.
```

Print option menu

Selecting option number 9, displays the following menu:

```
                    PROTOCOL DISPLAY OPTIONS

1  BROWSE through protocol titles with option to select one or more
          protocols for display.
2  SHORT  displays all protocols in short format.
3  MEDium displays all protocols in medium format.
4  NAMES  displays all protocols and investigators.
5  LONG   displays all protocols in long format.
6  Return to protocol menu.
```

To bypass the protocol print menu, while at the protocol retrieval menu, type the word PRINT or PRT followed by the format desired, instead of a search option number, e.g., > **PRT SHORT**. The print format may be typed alone, e.g., > **SHORT**.

A description of the print formats is on the following page.

Data Elements	BROWSE	SHORT	MED	NAMES	LONG
Protocol ID	X	X	X	X	X
Title	X	X	X	X	X
Lead Organization + (address, phone)		X	X	X	X
Chairman		X	X	X	X
Participants + (addresses, phones)				X	X
Objectives			X	X	X
Protocol Entry Criteria			X	X	X
Protocol Outline					X
Stratification Parameters					X
Special Study Parameters					X
End Points					X
Projected Accrual					X
Dosage Schedule					X
Dosage Forms					X
Print limits (number of records)	100	100	50	25	25

Print option (continued)

While in Browse mode, you can enter reference numbers at a prompt (>) for each protocol for which you wish to see more information:

```
Reference
 Number     Protocol information

    1       NCI-82-C-129
            Phase III Chemohormonal Therapy with CTX/MTX/5-FU/TMX for Patients
            with No Evidence of Disease Following Resection or Radiotherapy for
            Recurrent Breast Cancer

    2       NCI-D81-046-532
            Phase II/III Pilot Chemotherapy with Modified CMF (CTX/MTX/5-FU) plus
            VM-26 in Previously Untreated Patients with Advanced Carcinoma of the
            Breast

    3       NCI-76-C-377C
            Phase III Therapy with CAMFTP (CTX/ADR/MTX/5-FU/TMX/Premarin) for
            Inflammatory Stage IV or Stage III Breast Carcinoma

    4       NCI-840-C-216
            Phase III Multimodality Approach to Patients with Inflammatory
            Carcinoma of the Breast and Locally Advanced Stage III Noninflammatory
            Breast Carcinoma

*Enter desired number and press CR.

> 2,4
```

By typing 2,4 at the prompt (>), these reference numbers will be saved and you can then print them in any format after **all** reference numbers have been browsed. If you wish to interrupt browsing and print immediately, you can issue a print command at each prompt, e.g.,

> 2;prt short

This will display the following information:

```
NCI-D81-046-532
Phase II/III Pilot Chemotherapy with Modified CMF (CTX/MTX/5-FU)
plus VM-26 in Previously Untreated Patients with Advanced
Carcinoma of the Breast
    G. L. Wampler, M.D.
    Medical College of Virginia School of Medicine
    Box 230
    MCV Station
    Richmond, VA 23298-0001
      804-786-0850
```

For further information or help with problems, please write to:

PDQ Information Coordinator
National Cancer Institute
International Cancer Information Center
R. A. Bloch Building
Building 82, Room 103
Bethesda, Maryland 20892

or call the PDQ Service Desk (301) 496-7403, 9:00 am - 5:00 pm, Monday through Friday. You may also call the MEDLARS Management Service Desk of the NLM at (800) 638-8480 or in Maryland at (301) 496-6193.

Appendix A
Protocol ID Acronyms

The Cancer Therapy Evaluation Program (CTEP) of the National Cancer Institute assigns an identification number to all cancer therapy protocols which are reviewed by the NCI. This number is preceded by an acronym which represents the "lead organization" i.e., the source of the protocol. One may retrieve all protocols contributed to PDQ by a given organization using the acronym along with the : truncation symbol. For example, to find all active protocols conducted by the Eastern Cooperative Oncology Group, look on the list below to find the Acronym for this organization ("EST" for Eastern Solid Tumor). Then, select option 1: Protocol ID from the main Protocol Retrieval menu. When prompted for the Protocol ID number(s), enter:

EST: and press (CR)

Please note that this search retrieves protocols only by the "**lead**" i.e., source institution. It does not permit searching by **participating** institution (other than the lead organization). In order to display protocols by participating institution, use the PDQ Organization search, and once you have retrieved the organization(s) of interest, enter a **PRINT LONG** command.

Where more than one acronym is used for the same organization, alternative choices are separated by a semicolon in the Acronym list.

Protocol ID Acronym	Protocol Source
AECM	Albert Einstein College of Med
BCTF	Breast Cancer Task Force
BGSM	Wake Forest University-Bowman Gray
BIMC	Beth Israel Medical Center
BRMP	Biological Response Modifiers Program
BTCG	Brain Tumor Cooperative Group
BTRC	Brain Tumor Research Center
BTSG	Brain Tumor Study Group
CA	Childrens Hospital of San Francisco
CA	Loma Linda University Medical Center
CA	Santa Clara Valley Medical Center
CAN-NCIC	National Cancer Institute of Canada
CBCG	Cooperative Breast Cancer Group
CCCSF	Compr Cancer Center for Florida
CCG	Childrens Cancer Study Group
CHNMC-IRB	City of Hope National Medical Center
CHOC	Childrens Hospital Oncology Center
CHP; CHOP	Childrens Hospital of Philadelphia
CLB	Cancer & Leukemia Group B
COG	Central Oncology Group
CORNELL	Cornell University

CTEPIS	CTEP Information Service
CU	Columbia University
DFCI	Dana-Farber Cancer Institute
DMS	Dartmouth-Hitchcock Medical Center
DUMC; NC	Duke University Medical Center
EORTC	Europ Org for Res on Treatmt of Cancer
EST	Eastern Cooperative Oncology Group
EUCC	Emory University Cancer Center
FCCC	Fox Chase Cancer Center
FHCRC	Fred Hutchinson Cancer Research Center
GATLA	Leukemia Therapy Group of Argentina
GITSG	Gastrointestinal Tumor Study Group
GOG	Gynecologic Oncology Group
GUMC	Georgetown University Medical Center
HFH	Henry Ford Hospital
HNCP	Head & Neck Contracts Program
HOG	Hawaii Oncology Group
HTSG	Hepatic Tumor Study Group
HUCRC	Howard Univ Cancer Research Center
ICC	Illinois Cancer Council
INT;INTERG	Intergroup Study
IRS	Intergroup Rhabdomyosarcoma Study
ITA	Istituto Nazionale Tumori
IUMC	Indiana University Medical Center
JHH; JHOC	Johns Hopkins Oncology Center
KELLOGG	Kellogg Cancer Center
KU	University of Kansas Medical Center
LAC-USC	University of Southern California
LCSG	Lung Cancer Study Group
LOY	Loyola University Medical Center
MA	Massachusetts General Hospital
MAOP	Mid-Atlantic Oncology Program
MAYO	Mayo Clinic
MCCG	Malignant Melanoma Clin Cooperative Grp
MCV	Medical College of Virginia
MCW	Medical College of Wisconsin
MDA, MDAR	MD Anderson Hospital & Tumor Institute
MFCG	Mycosis Fungoides Cooperative Group
MI	St Marys Hospital
MI	St Josephs Mercy Hospital
MIDWEST	Midwest Childhood Cancer Center
MRCC	Memphis Regional Cancer Center
MSHMC	Milton S Hershey Medical Center
MSKCC	Memorial Sloan-Kettering Cancer Center
MSUCTC	Michigan State University
MTS	Mount Sinai School of Medicine
NBCCGA, NBCG	National Bladder Cancer Group
NBCP	National Bladder Cancer Project
NC	VA Medical Center-North Carolina
NCCP	Northern California Cancer Program
NCCTG	North Central Cancer Treatment Group
NCI-B	Biological Response Modifiers Program

NCI-C	Phase II/III Contract
NCI-D	NCI Cancer Center Program
NCI-H	RO1 or PO1 Grants
NCI-R	New Drug Study Group
NCI-W	Phase I/II Working Group
NCI-YY-C	NCI Clinical Oncology Program *(YY = year, e.g., 83)*
NCOG	Northern California Oncology Group
NEDH	New England Deaconess Hospital
NIAID	NIAID
NJ	St Michaels Medical Center
NPCTG	Natl Prostatic Cancer Treatment Group
NSABP	Natl Surgical Adjuvant Breast Project
NU	Northwestern Univ Medical School
NWBCC	Natalie Warren Bryant Cancer Center
NWTS	National Wilms Tumor Study Group
NY	Albany Medical Center Hospital
NYH	New York Hospital
NYU	New York University Medical Center
OCSG	Ovarian Cancer Study Group
OHSU	Oregon Health Sciences University
OSITC	OSITC
OSP	Univ of Texas Medical Branch-Cancer Ctr
OSU	Ohio State University
OU	Univ of Oklahoma Health Sciences Center
PBCTG	Primary Breast Cancer Therapy Group
POA	Piedmont Oncology Association
POG	Pediatric Oncology Group
PVSG	Polycythemia Vera Study Group
RHDG	Radiotherapy Hodgkins Disease Group
RMOG	Rocky Mountain Oncology Group
RPMI	Roswell Park Memorial Institute
RTOG	Radiation Therapy Oncology Group
RUSH	Rush Cancer Center
RWGH	Roger Williams General Hospital
SAKK	SAKK
SEG	Southeastern Cancer Study Group
SIOP	SIOP
SJCRH	St Jude Childrens Research Hospital
SWOG	Southwest Oncology Group
TCIS	Testicular Cancer Intergroup Study
TN	Vanderbilt University
TPN	Total Parenteral Nutrition Program
UAB	University of Alabama Medical Center
UARIZ	University of Arizona
UCCRC	Univ of Chicago Cancer Research Center
UCHSC	Univ of Colorado Health Sciences Ctr
UCLA	University of California Los Angeles
UCSD	University of California San Diego
UCSF	University of California San Francisco
UHC	University Hospitals of Cleveland
UHM-CHS	University of Hawaii at Manoa

UICC	UICC (International Union Against Cancer)
UKMC	University of Kentucky Medical Center
ULCC	University of Louisville Cancer Center
UMAB	University of Maryland Hospital
UMCC	University of Maryland Cancer Center
UMCT	University of Michigan Medical Center
UMMS	Univ of Michigan Medical School
UMN	University of Minnesota
UMO	University of Missouri-Columbia
UNC	Cancer Res Ctr-Univ of North Carolina
UNMC	University of Nebraska Medical Center
UORG	Uro-Oncology Research Group
UPJOHN	Upjohn Clin Cancer Research Facility
URCC	University of Rochester Cancer Center
UTENN	Univ of Tennessee College of Medicine
UTHSC	University of Texas Health Science Ctr
VALG	Veterans Administration Lung Group
VAMC	VA Medical Center-DC
VASOG	VA Surgical Oncology Group
WCCC	Wisconsin Clinical Cancer Center
WCG	Western Cancer Study Group
WFU	Wake Forest University-Bowman Gray
WPL	Working Party for Therapy of Lung Cancer
WRAMC	Walter Reed Army Medical Center
WSU	Wayne State University
WVU	West Virginia University
YALE	Yale University
YORK	Yorkshire Regional Chemotherapy Group

Appendix B: Protocol Phases

PROTOCOL PHASE searching is accomplished by selecting the appropriate number from the specialty menu. To select more than one phase, type in the appropriate numbers, separating each by a comma.

In general, as new antitumor drugs and other therapies are developed in this country, they pass through three phases of testing in human subjects. After extensive preclinical testing in *in vitro* and animal tumor systems, promising agents move first into Phase I clinical testing. Those that are successful move on to phase II, and finally phase III testing, as outlined below. New therapies shown to be better or as good as standard therapies in phase III testing become a new standard therapy.

Definition of protocol types:

1. **Adjuvant studies** - protocols testing the ability to cure microscopic residual disease by the combination of more than one modality of therapy, e.g., adjuvant chemotherapy after surgery for stage II breast cancer. Adjuvant studies are usually phase II or phase III protocols.

2. **Ancillary studies** - protocols testing therapies which are not directly anti-tumor, but which relate to other aspects of cancer treatment, e.g., antibiotics for cancer-related infection.

3. **Phase III studies** - protocols testing efficacy of a new treatment versus an established standard treatment. Phase III studies are often conducted on a large scale, often by cooperative groups which include major medical centers and affiliated community centers. In order to detect subtle differences between the new therapy and the established therapy to which it is being compared, phase III trials must often accrue large numbers of patients.

4. **Phase II studies** - protocols testing the therapeutic effect of a treatment which has shown promise in pre-clinical and phase I testing. In Phase II, the primary goal is determining the anti-tumor effect of the new drug or modality. Therapies found to be effective in phase II trials often progress to large scale phase III trials.

5. **Phase I studies** - protocols which test toxicity and optimal dose of new agents in human beings, using therapies which have shown promise in pre-clinical testing. At this point, the principal goal is the determination of safety, maximum tolerated dose and schedule, and close observation of any toxicities which develop. Tumor response is also noted, if it occurs.

6. **Master protocols** - an administrative outline for new agents in specific diseases, which allows rapid testing of new approaches with small numbers of patients. Master protocols can be phase I or II studies.

7. **Pilot studies** - preliminary clinical testing of new therapies, generally conducted at single institutions with small numbers of patients. Pilot studies can be phase I or II protocols.

Appendix C:

TROUBLESHOOTING IN PDQ

(1) When a user receives a prompt (>) - with no obvious instructions - they should hit a Carriage Return (CR).

*When in Display Option 2 (displaying one screen of information at a time) - all menu options may not appear on a single screen, depending on the page length set for the particular terminal. The user should hit a CR at the prompt (>) to see any additional information. For example, in the protocol file, option number 9, GO TO PRINT OPTION MENU, may not be displayed on the first screen of information. It is necessary to hit a CR to see this menu option.

(2) Do **not** hit an extra CR when the system seems to be "slow" **unless** a user prompt is given.

(3) INQUIRE and PDQ messages commonly seen - and what to do about them!

****

MESSAGE: RUNNING

CAUSE: The system is searching; may be followed by a user prompt (>).

RECOMMENDED USER RESPONSE: If a user prompt is given, hit a (CR); if not, just wait.

****

MESSAGE: SEARCH IN PROGRESS...

CAUSE: The sysem is searching; may be followed by a user prompt (>).

RECOMMENDED USER RESPONSE: If a user prompt is given, hit a (CR); if not just wait.

****

****

MESSAGE: INVALID ENTRY, PLEASE REENTER...

POSSIBLE CAUSE: This may occur after a user has logged off the system incorrectly (or has been bumped off the system), and then tries to reconnect to PDQ. It can also occur anywhere one puts in an erroneous response.

RECOMMENDED USER RESPONSE: Type in the correct response. If this does not work, report the problem to the PDQ service desk.

****

MESSAGE: A PDQ SYSTEM ERROR HAS OCCURRED...

POSSIBLE CAUSE: Varies

RECOMMENDED USER RESPONSE: Please write down the search option you were using immediately prior to the error, then call or send the information to the PDQ service desk.

****

MESSAGE: DMS812 PAGE REQUESTED IS BEYOND END OF MESSAGE

POSSIBLE CAUSE: This may occur on various occasions. It usually indicates that the system is searching a large number of records and has not yet completed its retrieval. This is most apt to occur when in Display Option 2 (displaying one screen of information at a time).

RECOMMENDED USER RESPONSE: **Be patient** and simply hit the (CR) when the user prompt (>) is received following this message. Eventually the system will respond with data. Be aware that this message may be repeated numerous times.

****

****

MESSAGE: DMS726 USER LANGUAGE REQUEST IN PROGRESS

POSSIBLE CAUSE: This occurs when a command (e.g., RETURN) is entered in response to a PAGE REQUESTED IS BEYOND...message.

RECOMMENDED USER RESPONSE: Hit a (CR) at the user prompt. This should result in the PAGE REQUESTED IS BEYOND... message being repeated. Proceed as instructed for response to that message.

****

MESSAGE: INQ12 WDTX TABLE OVERFLOW, NO SPACE FOR GROWTH
WDTX TOO BIG FOR FURTHER GROWTH

POSSIBLE CAUSE: Varies

RECOMMENDED USER RESPONSE: Please report to the PDQ service desk. (301) 496-7403

APPENDIX D:

Network LOGIN Procedures for PDQ at NLM

Note: Please see the following page for an explanation of all bracketed numbers and a description of basic terminal settings.

	TELENET Full Duplex [3] Dial Connect phone and terminal.	TYMNET Full Duplex [3] Dial Connect phone and terminal.	UNINET Full Duplex [3] Dial Connect phone and terminal.
USER	(CR) (CR) [1]		
SYSTEM	TELENET 202 198 TERMINAL=	PLEASE ENTER YOUR TERMINAL IDENTIFIER [4]	L? [4]
USER	d1 (CR) [2] (Type your correct terminal identifier)	a [2] (Type your correct terminal identifier)	(CR).(CR) [1]
SYSTEM	@ [3]	-2544-021- PLEASE LOG IN: [3]	UNINET PAD 4887 SERVICE: [3]
USER	c 301 20 (CR)	Control P nlm (CR) [1,5]	nlm (CR)
SYSTEM	301 20 CONNECTED	PASSWORD:	*U001 000 CONNECTED TO 30100025
USER	/login (CR)	bcn (CR) (CR)	/login (CR)
SYSTEM	PLEASE ENTER USERID/ PASSWORD OR LOGON ####################	+ NLM: CALL CONNECTED	PLEASE ENTER USERID/ PASSWORD OR LOGON ####################
USER	logon (CR) (Type the word logon over the disguising marks.)	/login (CR)	logon (CR) (Type the word logon over the disguising marks.)
SYSTEM	IKJ56700A ENTER USERID	PLEASE ENTER USERID/ PASSWORD OR LOGON ####################	IKJ56700A ENTER USERID

(continued, next page)

	TELENET	TYMNET	UNINET
USER	ABC01/PDQpassword (CR) (Type your Code & PDQ Password.) [6]	logon (CR) (Type the word logon over the disguising marks.	XYZ01/PDQpassword (CR) (Type your Code & PDQ Password.) [6]
SYSTEM	LOGON IN PROGRESS...	IKJ56700A ENTER USERID	LOGON IN PROGRESS...
USER		XYZ01/PDQpassword (CR) (Type your Code & PDQ Password.) [6]	
SYSTEM		LOGON IN PROGRESS...	

[1] (CR) = Press Carriage Return or Enter key.

[2] Choose the appropriate terminal identifier for your equipment from the attached lists. Call MMS if your equipment is not listed. Using the proper identifier is important.

[3] Half Duplex Instructions:

At first TELENET @ prompt, type the word HALF (CR). Proceed with above instructions.	At TYMNET PLEASE LOG IN: prompt, type Control H after Control P followed by NLM (cr). Proceed with above instructions.	At first UNINET SERVICE: prompt, Type SET 2:0 (CR) Proceed with above instructions.

[4] On TYMNET and UNINET the first response received from the network can be "garbage characters" or what appears to be line noise; ignore these nonsense characters and proceed with the instructions. The network sends "noise" rather than English because the previous user on that port or line was communicating at a baud rate different from your baud setting.

[5] A Control Key sequence means that you depress and hold down the Control key and then press the letter key, and then release both keys. Nothing will type on your screen or paper, but a signal is sent to the network.

[6] The PDQ Password is a special Password assigned to a code specifically for access to PDQ. The PDQ Password is not the same as the ELHILL Password for NLM.

LOGOFF

After you have typed EXIT (CR) and then END (CR), you will receive the following message:

```
QUERY SESSION TERMINATED.  YOU ARE BEING LOGGED OFF PDQ -
IF YOU ARE AN ELHILL USER AND WOULD LIKE TO LOGON TO ELHILL,
ENTER YES ---

USER:          n (CR)

SYSTEM:        LOGGED OFF TSO AT (time) on (month), (day), (year)
```

Be sure to logoff properly following this procedure. Do not walk away from the terminal or simply hang up the telephone (unless you cannot get a response from the system). There is a time-out feature for **abnormal disconnects** (e.g., hanging up the phone, being dropped by the network) which will log off a code automatically and stop the billing at the last carriage return sent by the user.

Basic Terminal Settings

Communications Protocol: Asynchronous TTY (Teletypewriter-compatible)

Transmission Code: ASCII

Transmission Speed: 10, 30, 120, or 240 cps (characters per second)=
110, 300, 1200, or 2400 baud (bits per second)
(Note: Your local telecommunications network number and your own equipment must support 2400 baud).

Duplex: Half (for Direct Dial); Full is the default for network access - instructions also given for network access in Half Duplex.

Parity: Even (in some cases, try None if Even does not appear to work)

Number of Data Bits; 7 (in some cases, try 8 if 7 does not appear to work)

Number of Parity Bits: 1

Number of Stop Bits: 1

Number of Start Bits: 1

Automatic Line Feed: Turn off this feature

End of Line Definition: CR (for Carriage Return; do not set to CR LF for Carriage Return/Line Feed combination)

Basic Rule of Thumb = If in doubt about a setting, turn it "off!"

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